



Complete Summary

TITLE

Prostate cancer: percentage of patients, regardless of age, with a diagnosis of prostate cancer at high risk of recurrence, receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH agonist or antagonist).

SOURCE(S)

American Urological Association, Physician Consortium for Performance Improvement®. Prostate cancer physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2007 Jun. 30 p. [2 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients, regardless of age, with a diagnosis of prostate cancer at high risk of recurrence, receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist).

RATIONALE

If receiving external beam radiotherapy as primary therapy, prostate cancer patients with a high risk of recurrence should also be prescribed hormonal therapy, which has been shown to increase the effectiveness of the radiotherapy.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

High risk patients who are considering specific treatment options should be informed of findings of recent high quality clinical trials, including that: for those considering external beam radiotherapy, use of hormonal therapy combined with conventional radiotherapy may prolong survival. (American Urological Association [AUA])

Men with prostate cancer that is clinically localized stage T3a, with Gleason score of 8 to 10, or PSA level greater than 20 ng/mL are categorized by the National Comprehensive Cancer Network (NCCN) panel to be at high risk of recurrence after definitive therapy. Note that patients with multiple adverse factors may be shifted into the very high-risk category. Hormonal therapy (e.g., androgen ablation) plus external-beam radiation therapy (RT) is recommended. (NCCN)

PRIMARY CLINICAL COMPONENT

Prostate cancer; external beam radiotherapy; adjuvant hormonal therapy; gonadotropin-releasing hormone (GnRH)

DENOMINATOR DESCRIPTION

All patients, regardless of age, with a diagnosis of prostate cancer, at high risk of recurrence, receiving external beam radiotherapy to the prostate (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who were prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

All patients, regardless of age

TARGET POPULATION GENDER

Male (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients, regardless of age, with a diagnosis of prostate cancer, at high risk of recurrence, receiving external beam radiotherapy to the prostate

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients, regardless of age, with a diagnosis of prostate cancer, at high risk* of recurrence, receiving external beam radiotherapy to the prostate

*Risk strata definitions:

- Low Risk: Prostate-specific antigen (PSA) less than or equal to 10 mg/dL; AND Gleason score 6 or less; AND clinical stage T1c or T2a
- Intermediate Risk: PSA greater than 10 to 20 mg/dL; OR Gleason score 7; OR clinical stage T2b, and not qualifying for high risk
- High Risk: PSA greater than 20 mg/dL; OR Gleason score 8 to 10; OR clinically localized stage T3a

Note: Only patients with prostate cancer with high risk of recurrence will be counted in the performance denominator of this measure.

Exclusions

- Documentation of medical reason(s) for not prescribing adjuvant hormonal therapy (e.g., salvage therapy)
- Documentation of patient reason(s) for not prescribing adjuvant hormonal therapy

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who were prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist)

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #5: adjuvant hormonal therapy for high-risk patients.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Prostate Cancer Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the American Urological Association and Physician Consortium for Performance Improvement®

DEVELOPER

American Urological Association
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance
Physician Quality Reporting Initiative

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2007 Jun

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Urological Association, Physician Consortium for Performance Improvement®. Prostate cancer physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2007 Jun. 30 p. [2 references]

MEASURE AVAILABILITY

The individual measure, "Measure #5: Adjuvant Hormonal Therapy for High-risk Patients," is published in the "Prostate Cancer Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on November 3, 2008. The information was verified by the measure developer on December 4, 2008.

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